Seattle Fire Department
Confidence Test Report
206-386-1351 Confidence Testing Officer
206-615-1068 (fax)

FOAM SYSTEM

(One System per Report)

Occupancy Address:_____ **Occupancy Name:**_____

Responsible Person: _____ **Phone Number:** _____

Building Owner: _____ **Phone Number:** _____

Building Owner Address : _____

Date of Inspection: _____**Type of Inspection: 5-Year** ☐ **Annual** ☐ **Acceptance** ☐ **Other** ☑

Testers Name (Please Print):_____ **SFD Certification Number:**_____

ANNUAL:

1. Have all the proportioning devices, their accessory Equipment, and foam makers been inspected for condition?……Yes ◉ No ○ ?
2. Has the above-ground piping been inspected for proper Condition and drainage pitch?……Yes ◉ No ○ ?
3. Have all strainers been inspected and cleaned as necessary?……Yes ○ No ◉
4. Have control valves, including all automatic and manual actuating devices, been tested for proper operation?……Yes ○ No ◉
5. Has the foam concentrate and its tank or storage containers Been inspected for excessive sludging or deterioration?……...Yes ◉ No ○

5 YEAR:

1. Has a pressure test been conducted on normally dry piping?……..Yes ○ No ◉
2. Has the underground piping been spot-checked for Deterioration?……Yes ○ No ◉ ?
3. Was an actual flow test, using foam, conducted?……Yes ◉ No ○

GENERAL:

1. Are operating and maintenance instructions posted at control equipment?…… …Yes ◉ No ○
2. Are there trained personnel on site to operate the equipment?…… Yes ◉ No ○

Problems found: _____

_____

_____

Corrections made:_____

_____

_____

Date corrected:_____**By**:_____

SIGNATURE OF TESTER_____

AGENCY_____**PHONE**_____